

Temperature Log for Vaccines (Celsius)

VFC PIN #: _____

Month: _____

Year: _____

Days 16-31

Place an "X" in the box that corresponds with the temperature. The hashed zones represent unacceptable temperature ranges. If the temperature recorded in the this zone: 1. **Store the vaccine** order proper conditions as quickly as possible; 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected; 3. **Call the Kansas Immunization Program** at 785-296-5591 for further assistance; 4. **Document the action taken** in the section provided below.

Rev.8-24-04

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Exact Time																
°C Temp																
Refrigerator Temperature	≥11°	Take Immediate Action if Temperature is in the Shaded Area!														
	10°															
	9°															
	8°															
	7°															
	6°															
	5°															
	4°															
	3°															
	2°															
Freezer Temp	1°	Take Immediate Action if Temperature is in the Shaded Area!														
	0°															
	≤-1°															
	≥-12°															
	-13°															
	-14°															
	-15°															
	-16°															
	-17°															
	-18°															
Staff Initials																

Vaccine Storage Troubleshooting Report (If additional space needed, attach documentation.)

Date	Time	Unit Temp	Problem	Action Taken	Results	Initials